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Ø 001/027



# VERTEX PHARMACEUTICALS INCORPORATED

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Company	USPTO
Examiner	Examiner Deepak R. Rao
Fax	(571) 273-8300
From	Karen E. Brown
Date	September 21, 2005
Subject	Application No. 10/779,532 Attorney Docket No. VPI/99-109 DIV US Response to Office Action
<b>Total Pages</b>	27

### Message or Comment

#### CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence, and any documents referred to as attached hereto, is/are being transmitted to the United States Patent and Trademark Office, Facsimile Number: (571) 273-8300 on September 21, 2005.

Karen E. Brown

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FAX Number (617) 444-6483 Legal Department

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## SEP 2 1 2005

Attorney Docket No. VPI/99-109 DIV US

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.:

10/779,532

Confirmation No.:

5593

Filing Date:

February 13, 2004

Examiner:

Deepak R. Rao

Group Art Unit:

1624

Applicants:

Jeremy Green et al.

For:

INHIBITORS OF c-JUN N-TERMINAL KINASES (JNK) AND OTHER

PROTEIN KINASES

September 21, 2005 Cambridge, Massachusetts

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

#### TRANSMITTAL LETTER

Sir:

Transmitted herewith: [X] an Amendment and Response; [X] a Petition for Three Month Extension of Time; [] Notice of Appeal; [] a Declaration; [] a Supplemental Declaration; [] a Power of Attorney; [] an Associate Power of Attorney; [] formal drawings; to be filed in the above-identified patent application.

FEE FOR ADDITIONAL C	CL/	MMS.
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- [X] A fee for additional claims is not required.
- [] A fee for additional claims is required.

The additional fee has been calculated as shown below:

		•				
_	CLAIMS REMAINING ADDITIONAL AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT RATE EXTRA		
-	TOTAL CLAIMS 2	21 - 31	0 =	X \$ 50 = \$0		
	INDEPENDENT CLAIMS	5 - 5	. 0	X \$200 = \$0		
	FIRST PRESENTATION			+ \$360 = \$		
*	If less than 20, insert 20 If less than 3, insert 3.	о. то	OTAL \$	Q		
[]	A check in the amount	of \$ in payment of t	the filing fee i	s transmitted herewith.		
[X]	The Director is hereby required under 37 C.F. herewith, or credit any duplicate copy of this t	R. § 1.16, in connection	n with the pap to deposit Ac	er(s) transmitted count No. 50-0725. A		
()	Please charge \$ to I A duplicate copy of thi	Deposit Account No. 50 is transmittal letter is transmittal	0-0725 in pay: ansmitted here	ment of the filing fee.		

### RECEIVED **CENTRAL FAX CENTER**

SEP 2 1 2005

Atty. Docket No.: VPI/99-109 DIV US

Application No.: 10/779,532

#### EXTENSION FEE

- The following extension is applicable to the Response filed herewith; [] \$120.00 [X]extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a)(1); [] \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a)(2); [X] \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a)(3); [] \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a)(4); [] \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a)(5).
- A check in the amount of [] \$130.00; [] \$450.00; [] \$1,020.00; [] \$1,590.00; [] [] \$2,160.00 in payment of the extension fee is transmitted herewith.
- The Director is hereby authorized to charge payment of any additional fees [X]required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
- Please charge the [] \$120.00; [] \$450.00; [X] \$1,020.00; [] \$1,590.00; [] \$2,160.00; extension fee to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

acu E. Brown

Karen E. Brown (Reg. No. 43,866)

Attorney for Applicants

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- []A fee for additional claims is required.

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CLAIMS REMAINING ADDITIONAL AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	Y	PRESE EXTRA	<del>- · -</del>
TOTAL CLAIMS	21	- 31		0 ==	X \$ 50 = \$0
INDEPENDENT CLAIMS	5	- 5		0	X \$200 = \$0
FIRST PRESENTA MULTIPLE DEPE			٠	4	+ \$360 = \$
If less than 20, inser If less than 3, insert			ТОТА	L <u>\$</u>	0

- [] A check in the amount of \$\_\_ in payment of the filing fee is transmitted herewith.
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